

**Amended Interim Designation of Agent to Receive Notification  
of Claimed Infringement**

**Full Legal Name of Service Provider:** Ultraprise Corporation

**Alternative Name(s) of Service Provider (including all names under which the service provider is doing business):** Ultraprise.com, Lab.com

**Address of Service Provider:** 21515 Ridgetop Circle, Suite 250, Dulles, VA 20166

**Name of Agent Designated to Receive**

**Notification of Claimed Infringement:** Sheilah Goodman

**Full Address of Designated Agent to which Notification Should be Sent** (a P.O. Box or similar designation is not acceptable except where it is the only address that can be used in the geographic location):

Sheilah Goodman, 21515 Ridgetop Circle, Suite 250, Dulles, VA 20166

**Telephone Number of Designated Agent:** (703) 406-1158

**Facsimile Number of Designated Agent:** (703) 406-7383

**Email Address of Designated Agent:** sheilah.goodman@ultraprise.com

**Identify the Interim Designation to be Amended, by Service Provider Name and Filing Date, so that it may be Readily Located in the Directory Maintained by the Copyright Office:** Ultraprise Corporation; Filing Date: November 4, 1999

**Signature of Officer or Representative of the Designating Service Provider:**

Date: 2-14-00

**Typed or Printed Name and Title:** Sheilah Goodman, Secretary and General Counsel

**Note: This Amended Interim Designation Must be Accompanied by a \$20 Filing Fee Made Payable to the Register of Copyrights.**

**RECEIVED**

FEB 29 2000

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